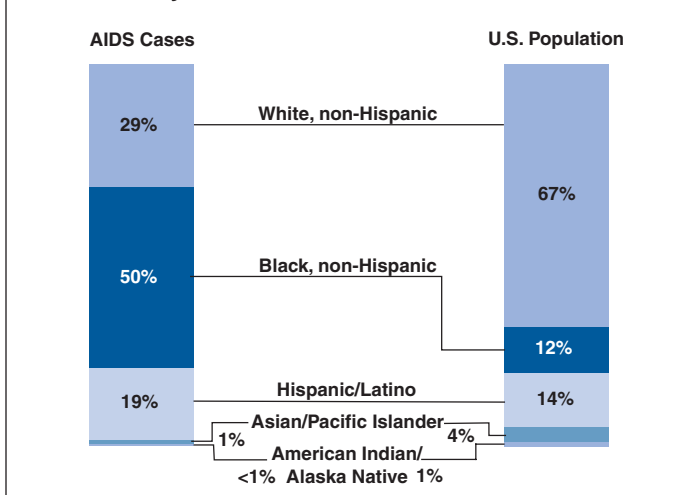


Black Americans and HIV/AIDS

July 2007

Black Americans have been disproportionately affected by HIV/AIDS since the epidemic's beginning, and that disparity has deepened over time.^{1,2,3} Blacks account for more HIV and AIDS cases, people estimated to be living with AIDS, and HIV-related deaths than any other racial/ethnic group in the U.S.^{1,4} The epidemic has also had a disproportionate impact on Black women, youth, and men who have sex with men, and its impact varies across the country. Moreover, Blacks with HIV/AIDS may face greater barriers to accessing care than their white counterparts.^{5,6,7} Today, there are approximately 1.2 million people living with HIV/AIDS in the U.S., including more than 500,000 who are Black.⁸ Analysis of national household survey data found that more than 2% of Blacks in the U.S. were HIV positive, higher than any other group.³

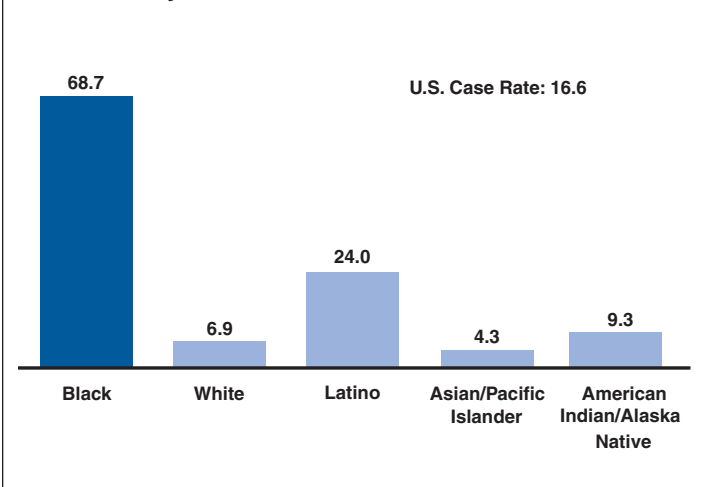
Figure 1: Estimated AIDS Diagnoses & U.S. Population by Race/Ethnicity, 2005^{1,9,10}



Snapshot of the Epidemic

- Although Black Americans represent only 12% of the U.S. population,¹⁰ they account for half of AIDS cases diagnosed in 2005 (Figure 1).^{1,9} Blacks also account for a disproportionate share of HIV/AIDS diagnoses in states/areas with confidential name-based HIV reporting.^{1,9}
- The AIDS case rate per 100,000 among Black adults/adolescents was 10 times that of whites in 2005 (Figure 2).^{1,11} The AIDS case rate for Black men (95.1) was the highest of any group, followed by Black women (45.5). By comparison, the rate among white men was 12.1.^{1,11}
- HIV-related deaths and HIV death rates are highest among Blacks. Blacks accounted for 55% of deaths due to HIV in 2003⁴ and their survival time after an AIDS diagnosis is lower on average than it is for other racial/ethnic groups.¹ In 2004, Black men had the highest HIV death rate per 100,000 men aged 25–44 at 39.9; it was 5.5 for white men. The HIV death rate among Black women aged 25–44 was 23.1 compared to 1.3 for white women.¹²
- HIV was the 4th leading cause of death for Black men and 3rd for Black women, aged 25–44, in 2004, ranking higher than for their respective counterparts in any other racial/ethnic group.¹³

Figure 2: AIDS Case Rate per 100,000 Population by Race/Ethnicity for Adults/Adolescents, 2005^{1,11}



Key Trends and Current Cases

- Blacks account for a growing share of AIDS diagnoses over time, rising from 25% of cases diagnosed in 1985 to 50% in 2005.^{1,2}
- A recent analysis of 1999–2002 data from a national household survey found that more than 2% of Blacks in the U.S. (among those aged 18–49) were HIV positive, higher than other groups.³
- The number of Black Americans living with AIDS increased by 31% between 2001 and 2005, compared to a 20% increase among whites.¹
- The number of deaths among both Blacks and whites with AIDS declined between 2001 and 2005, by 6% and 4%, respectively, although they were highest among Blacks. Deaths among other racial/ethnic groups remained stable.¹

Women and Young People

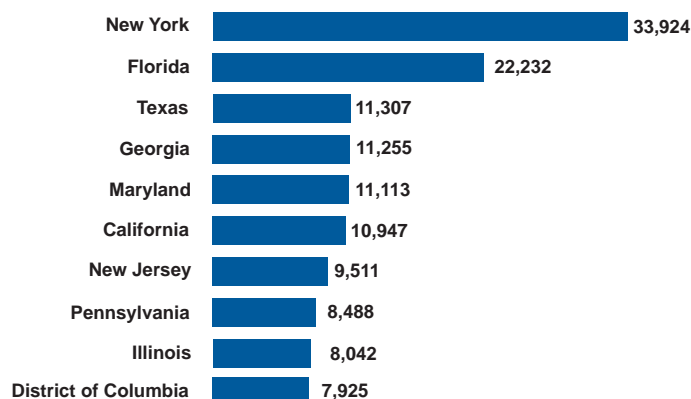
- Black women account for the far majority of new AIDS cases among women (66% in 2005); white and Latina women each account for 16% of new AIDS cases.^{1,9,11}
- Black women represented more than a third (35%) of AIDS cases diagnosed among Blacks (Black men and women combined) in 2005; by comparison, white women represented 15% of AIDS cases diagnosed among whites.^{1,11}
- Although Black teens (aged 13–19) represent only 16% of U.S. teenagers, they accounted for 69% of new AIDS cases reported among teens in 2005.¹⁴ A similar impact can be seen among Black children.¹

Transmission

- HIV transmission patterns among Black men vary from those of white men. Although both groups are most likely to have been infected through sex with other men, white men are much more likely to have been infected this way. Heterosexual transmission and injection drug use account for a greater share of infections among Black men than white men.^{1,15}

- Black women are most likely to have been infected through heterosexual transmission, the most common transmission route for women overall. White women are somewhat more likely to have been infected through injection drug use than Black women.^{1,15}
- Among men who have sex with men (MSM), Blacks have been particularly hard hit. A recent study in 5 major U.S. cities found that 46% of Black MSM in the study were infected with HIV, compared to 21% of white MSM and 17% of Latino MSM. Knowledge of HIV status among those already infected was also very low, particularly among Black MSM.^{16,17}

Figure 3: Number of Black Americans Estimated to be Living with AIDS: Top 10 States, 2005¹⁸



Geography

Although AIDS cases among Blacks have been reported throughout the country, the impact of the epidemic is not uniformly distributed:

- AIDS case rates per 100,000 among Blacks are highest in the eastern part of the U.S. The District of Columbia has the highest case rate for Blacks (236.5) in the country.^{11,18}
- Over half (51%) of Blacks estimated to be living with AIDS and 56% of newly reported AIDS cases among Blacks in 2005 occurred in the South; by comparison, Blacks represent approximately 19% of the South's population.^{18,19,20}
- Estimated AIDS prevalence among Blacks is clustered in a handful of states, with 10 states accounting for 72% of Blacks estimated to be living with AIDS in 2005. New York, Florida, and Texas top the list (Figure 3).^{18,19} Ten states also account for a majority of newly reported AIDS cases among Blacks (70% in 2005).^{18,19}

Access to and Use of the Health Care System

- The HIV Cost and Services Utilization Study (HCSUS), the only nationally representative study of people with HIV/AIDS receiving regular or ongoing medical care for HIV infection, found that Blacks fared more poorly on several important measures of access and quality than whites; these differences diminished over time but were not completely eliminated.⁵ HCSUS also found that Blacks were more likely to report postponing medical care because they lacked transportation, were too sick to go to the doctor, or had other competing needs.⁶
- A recent analysis of data from 2000–2002 in 11 HIV primary and specialty care sites in the U.S. found higher rates of hospitalization among Blacks with HIV/AIDS, but differences in outpatient utilization were not significant.⁷

Health Insurance

Having health insurance, either public or private, improves access to care. Insurance coverage of those with HIV/AIDS varies by race/ethnicity, as it does for the U.S. population overall.

- According to HCSUS, Blacks with HIV/AIDS were more likely to be publicly insured or uninsured than their white counterparts, with over half (59%) relying on Medicaid compared to 32% of whites. One fifth of Blacks with HIV/AIDS (22%) were uninsured compared to 17% of whites. Blacks were also much less likely to be privately insured than whites (14% compared to 44%).²¹
- Insurance status also varies at the time of HIV diagnosis. Analysis of data from 25 states between 1994 and 2000 found that Blacks were less likely than whites to have private coverage and more likely to be covered by Medicaid, or uninsured, at the time of their HIV diagnosis.²²

HIV Testing

- Among the U.S. population overall, Blacks are more likely than whites to report ever having been tested for HIV (67% compared to 45%).²³
- Among those who are HIV positive, CDC data indicate that 40% of Blacks were tested for HIV late in their illness—that is, diagnosed with AIDS within one year of testing positive for HIV compared to 37% of whites (in those states/areas with HIV name reporting).¹

Concern About HIV/AIDS

- A recent survey found that Black Americans express concern about HIV/AIDS, and are the only racial/ethnic group to name it as the number one health problem in the U.S. However, half (49%) say the U.S. is “losing ground” on the domestic AIDS epidemic; half also say that HIV/AIDS is a more urgent problem in their community than it was a few years ago.²³
- Personal concern about becoming infected with HIV is highest among Blacks, as is concern among Black parents about their children becoming infected. However, the proportion of Blacks saying they are personally concerned about becoming infected has declined since the mid-1990's.²³

References

- 1 CDC, *HIV/AIDS Surveillance Report*, Vol. 17, Revised Edition; June 2007.
- 2 CDC data request; 2006.
- 3 McQuillan GM et al., “Prevalence of HIV in the US Household Population: The National Health and Nutrition Examination Surveys, 1988 to 2002.” *JAIDS*, Vol. 41, No. 5; April 2006.
- 4 NCHS, “Deaths: Final Data for 2003,” *NVSRS*, Vol. 54, No. 13; 2006.
- 5 Shapiro MF et al., “Variations in the Care of HIV-Infected Adults in the United States.” *JAMA*, Vol. 281, No. 24; 1999.
- 6 Cunningham WE et al., “The Impact of Competing Subsistence Needs and Barriers to Access to Medical Care for Persons with Human Immunodeficiency Virus Receiving Care in the United States.” *Medical Care*, Vol. 37, No. 12; 1999.
- 7 Fleishman JA et al., “Hospital and Outpatient Health Services Utilization Among HIV-Infected Adults in Care 2000–2002.” *Medical Care*, Vol. 43, No. 9, Supplement; September 2005.
- 8 Kaiser Family Foundation calculations based on: Glynn MK and Rhodes P, “Estimated HIV Prevalence in the United States at the end of 2003.” Presentation, National HIV Prevention Conference; June 2005.
- 9 Calculations based only on cases for which race/ethnicity data were provided.
- 10 U.S. Census Bureau, 2005 Population Estimates.
- 11 Includes estimated cases among those 13 years of age and older. Estimates do not include U.S. dependencies, possessions, and associated nations, and cases of unknown residence.
- 12 NCHS, *Health, United States*; 2006.
- 13 CDC, Slide Set: HIV Mortality (through 2004).
- 14 CDC, Slide Set: HIV/AIDS Surveillance in Adolescents and Young Adults (through 2005).
- 15 CDC, Slide Set: HIV/AIDS Surveillance by Race/Ethnicity (through 2005).
- 16 CDC, *Fact Sheet: HIV/AIDS Among Men Who Have Sex with Men*; June 2007.
- 17 CDC, “HIV Prevalence, Unrecognized Infection, and HIV Testing Among Men Who Have Sex with Men—Five U.S. Cities, June 2004–April 2005.” *MMWR*, Vol. 54, No. 24; June 24, 2005.
- 18 The Kaiser Family Foundation, www.statehealthfacts.org. Data Source: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention-Surveillance and Epidemiology, Special Data Request; June 2007.
- 19 Estimates include U.S. dependencies, possessions, and associated nations, and cases of unknown residence.
- 20 US Census Bureau, *The Black Population: 2000*; August 2001.
- 21 Fleishman JA. Personal Communication, Analysis of HCSUS Data; January 2002.
- 22 Kaiser Family Foundation analysis of CDC data.
- 23 KFF, *Survey of Americans on HIV/AIDS*; 2006.

The Kaiser Family Foundation is a non-profit, private operating foundation dedicated to providing information and analysis on health care issues to policymakers, the media, the health care community, and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.

Additional copies of this publication (#6089-04) are available on the Kaiser Family Foundation's website at www.kff.org.